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TO: Finance Department**FAX:** 571-273-8300**TELEPHONE:****FROM:** Patricia Sortino**DATE:** August 15, 2007**TOTAL PAGES:** 2 (including this cover page) X Facsimile Filing**LETTER OF FACSIMILE TRANSMITTAL**

Application Number: 10/701,660
Applicants: William I. Stopperan and Troy M. Bryan
Filed: November 4, 2003
Title: Novel Identification Method and Apparatus
Assignee: Western Pathology Consultants, Inc.
Attorney Docket: WPCI-NonProv
Customer No.: 33549
Art Unit: 2876
Examiner: Labaze, Edwyn

I wish to make the payment due in the amount of \$400.00 for additional claims. Please find the following credit card form to the payment.

Please confirm receipt of the documents by return facsimile indicating the date of receipt and application number.

I have this 15 day of August, 2007,

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01 FC:2201

02 FC:2202